



ARKANSAS  
APPRAISAL MANAGEMENT COMPANY  
APPLICATION FOR REGISTRATION  
2009

The following information constitutes a part of the registration requirements for the applicant to become registered prior to offering or providing appraisal management services in Arkansas. To ensure prompt consideration of the application attention should be given to completing and submitting, along with this application form, all of the supporting documents and certifications pre-requisite to being granted a "*Certificate of Registration*".

1. Applicant Information:

Name: \_\_\_\_\_  
(Corporate Entity, Organization, or individual)

Mailing Address: \_\_\_\_\_  
(Street/P. O. Box)  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

2. Applicants designated Controlling Person/Managing Principal:

Name: \_\_\_\_\_  
(Designated Individual)

Mailing Address: \_\_\_\_\_  
(Street/P. O. Box)  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

The applicant further states under penalty of perjury or forfeiture of registration that the above designated managing principal is of good moral character and can demonstrate a background that is void of any felony, breach of trust, misdemeanors involving mortgage lending, real estate appraising, and any fraudulent or dishonest dealings.

### 3. Applicant Ownership:

The following corporation, individual, partnership, limited liability corporation or other organization has a 10% or more ownership interest in the above named applicant. (If multiple owners are involved, and more space needed, please attach a listing that provides the following information.)

Name: \_\_\_\_\_  
(Corporate Entity, Organization, or Individual)

Mailing Address: \_\_\_\_\_  
(Street/P. O. Box)  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### 4. Consent for Service of Process:

A. Indicate if applicant is \_\_\_\_ domestic (in-state) or \_\_\_\_ foreign (out-of-state) corporate entity, individual, organization, etc.

1. Domestic Entity - Refer to Appendix A, Item #2 for instructions on filing for an agent of record.
2. Foreign Entity – Shall designate and provide below, the named agent for service of process pursuant to A.C.A. §4-20-101 et seq. and include with this application either a copy of the filing with the Secretary of State of said agent or provide a copy of a certificate of authority issued by the Secretary of State. (See application packet for additional instructions.)

B. State the name and address and contact information for the registered agent for service of process.

Name: \_\_\_\_\_  
(Firm or individual)

Mailing Address: \_\_\_\_\_  
(Street/P. O. Box)  
\_\_\_\_\_  
City, State, Zip Code

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## 5. Certifications:

The application must include with the initial filing the following certifications: (See information packet for forms.)

1. Certification of a designated controlling person/managing principal
2. Certification of Acceptance by the designated controlling person
3. Certification of Systems and Recordkeeping

## 6. Application Fees, Surety Bond or Deposited Cash or Securities:

- A. An application fee of \$500 payable by check or money order to the Appraiser Licensing & Certification Board must be included with the application.
- B. A.C.A. §17-14-406 (b) and the Board Rules require each applicant for registration to post with the Board a security bond, cash or securities, in the amount of \$20,000. The Bond shall be tendered on the prescribed form included with the information packet.
- C. An applicant who elects to deposit cash or acceptable securities in lieu of the bond will be required to execute the "Assignment and Escrow Agreement" Form AMR-3 that is included with the application packet.

The undersigned is duly charged to represent the above named applicant and certifies that the information and supporting documents are, to the best of his knowledge, true and accurate in detail.

Witness the hand and seal of the undersigned at (city,state) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This the \_\_\_\_ day of (Month) \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Certifier's Signature

\_\_\_\_\_  
(Notary Public Signature)

State of: \_\_\_\_\_

County of: \_\_\_\_\_

My Commission expires: \_\_\_\_\_

MAIL ORIGINAL Bond/Cancellation NOTICE to:  
ARKANSAS APPRAISER LICENSING AND CERTIFICATION BOARD  
101 E. Capitol, Suite 430  
Little Rock, AR 72201